



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: CAMERON MEMORIAL COMMUNITY HOSPITAL

City of Hospital: Angola

Year Begin: 10/01/2020 (mm/dd/yyyy format)

Year End: 09/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Wendy Stamper

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Medicare Provider Number: 15-1315

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$29045017
Outpatient Patient Service Revenue	\$173728230
Total Gross Patient Service Revenue	\$202773247

2. Deductions From Revenue

Contractual Allowance	\$111399529
Other Deductions	\$
Total Deductions	\$111399529

3. Total Operating Revenue

Net Patient Service Revenue	\$84758508
Other Operating Revenue	\$8368950
Total Operating Revenue	\$93127458

4. Operating Expenses

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Salaries and Wages	\$32703463	Employee Benefits	\$10050672
Depreciation and Amortization	\$5215092	Interest Expense	\$1485960
Bad Debt	\$0	Other Expenses	\$35419237
Total Operating Expenses	\$84874424		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8253034	Total Assets	\$108908430
Net Non-operating Gains over Loss	\$5017763	Total Liabilities	\$108908430
Total Net Gains	\$13270797		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$42551891	\$29145504	\$13406387
Medicaid	\$27989471	\$22158936	\$5830535
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$132231885	\$66710299	\$65521586
Total	\$202773247	\$118014739	\$84758508

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$228000	\$0	\$228000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$49109.18	\$-49109.18

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	261
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$-1877649
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$-788613	
HCI Payments	\$0		
Subtotal	\$0	\$-788613	\$788613
Medicaid Shortfalls	\$5830535	\$11755578	
Subtotal	\$5830535	\$10966965	\$-5136430
DSH Payments	\$0		

	Subtotal	\$5830535	\$10966965	\$-5136430
Medicare Shortfalls		\$13406387	\$5630683	
Other Government Programs		\$0	\$0	
	Total	\$19236922	\$16597648	\$2639274

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$49109.18	\$-49109.18
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$109091.10	\$-109091.1
Other Allocations	\$0	\$0	\$0

Comments

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